INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to MarshH@michigan.gov.

CHECK THE APPROPRIATE BOX:

☐ For Profit Company ☐ Local School District ☐ Community-Based Organization
x Non-Profit Organization ☐ Public School Academy ☐ Private School
☐ Institution of Higher Education ☐ Intermediate School District ☐ Faith-Based Organization

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Section 1: Provider Identification

Name of Entity Warren Conner Development Coalition-Youth On the Edge of Greatness

Name of Director Nanci Gibson

Address 11148 Harper Avenue   **City Detroit**   **State MI**   **Zip 48213**

Phone 313-267-1119   **Fax 313 571 7307**   **Email ngibson@warrenconner.org**

Proposed Location of Services (if different from above):

Address _____ **City**_____ **State**_____ **Zip**_____

If different from Director:
Name of Contact Person_____

Address _____ **City**_____ **State**_____ **Zip**_____

Phone _____**Fax** _____ **Email**_____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes X   No ☐

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

_____

_____

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: <u>11148 Harper Avenue Detroit, MI 48213</u>

Site Location #2: <u>13000 Essex Detroit, MI Detroit, MI 48215- Robinson/Young Middle</u>
School

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your
site:

Bus _____

_____

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes X   No ☐

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

Math _____

Reading _____

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: <u>6-8</u>

3. Time of Services – Indicate when you deliver services to students:

☐ Before School   X After School   ☐ Weekends   ☐ Summer   ☐ Other _____

4. Mode of Instructional Delivery – Describe the methods by which your program
delivers
instruction to students:

☐ Individual Tutoring   X Small Group Instruction   ☐ Large Group
Instruction

☐ Online Web-Based   ☐ Other _____

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions

per week:

Length of Session <u>2 hours</u>   Number of Sessions per Week <u>4</u>

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

X Certified Teachers ☐ Paraprofessionals ☐ Volunteers ☐ Other _____

7. Special Populations Served – Indicate special populations you are able to serve:

☐ Special Education ☐ Limited English Proficient ☐ Other _____

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

X $48.67per hour (unit of time, e.g., hour, week, etc.) per student.

☐ $_____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.